

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008692

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1826

FILED FEB 23 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
Life2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTYc. CITY
OR
TOWN St. LouisInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Christian HospitalInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 5947 Kingsbury Blvd.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First Joseph Middle B. Last Schonlau

4. DATE
OF DEATH February 11th., 19625. SEX
M.6. COLOR OR RACE
W.7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
9/25/18949. AGE (last birthday)
67IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life even if retired)
Retired - Store Keeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
St. Louis, Missouri12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Joseph Schonlau

13b. MOTHER'S MAIDEN NAME

Mary C. Rothove

14. NAME OF HUSBAND OR WIFE

Mrs. Lucille Schonlau

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, Year unknown) (If Yes, give year and dates of service)
Yes World War II

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mr. Joseph J. Schonlau, 12132 Criterion18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Aortic Embolism

INTERVAL BETWEEN
ONSET AND DEATH
36 hours

DUE TO (b)

Diabetes Mellitus

3 yrs.

DUE TO (c)

Fracture of Pelvis

11 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Fracture of Right Humerus

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Patient fell in home 1-30-62 and sustained fractures.20c. TIME OF
INJURY Hour
a.m. 6:00 XEROCK 1-30-6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
5947 Kingsbury (Home)20f. CITY, TOWN, OR LOCATION
St. Louis, Missouri

COUNTY

STATE

21. I attended the deceased from 8 am. 1922 to 2-11-62 and last saw her alive on 2-11-62

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

4020a W. Florissant Avenue (7)

22c. DATE SIGNED

2-12-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

2/14/1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.

FEB 13 1962

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Robert McElvain
1020a W. Florissant Ave.
Coroner's O.K.
1-5 Jan

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4699

P. O. Address 3140 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.